

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA

IN RE:

GAIL SHARP
773 HUFFINES MILL ROAD
REIDSVILLE, NC 27320CASE NO. 20-10245
JUDGE BENJAMIN A. KAHN

DEBTOR

SSN(1) XXX-XX-9762

DATE: 11/05/2020

REPORT OF FILED CLAIMS

Pursuant to 11 U.S.C. §704(5), the trustee has examined the proofs of claims filed in this case and objected to the allowance of such claims as appeared to be improper except where no purpose would have been served by such objection. After such examination and objections, if any, the trustee states that claims should be deemed allowed or “not filed” as indicated below.

| NAME & ADDRESS OF CREDITOR | AMOUNT | CLASSIFICATION |
|--|---|--|
| ADVANCED HOME CARE P O BOX 580089 CHARLOTTE, NC 28258-0089 | \$0.00 INT: .00% NAME ID: 155203 CLAIM #: 0009 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| AMERICAN PARTNERS FCU P O BOX 1198 REIDSVILLE, NC 27323 | \$2,771.80 INT: 4.28% NAME ID: 21741 CLAIM #: 0008 | (X) SPECIAL-UNSECURED ACCT: 3209 COMMENT: OC |
| CARELINK MOSES CONE 1018 ARNOLD ST GREENSBORO, NC 27405 | \$0.00 INT: .00% NAME ID: 181609 CLAIM #: 0010 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| CAROLINA APOTHECARY P O BOX 29 REIDSVILLE, NC 27323 | \$0.00 INT: .00% NAME ID: 9531 CLAIM #: 0011 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| CAROLINA NEUROSURGERY & SPINE 225 BALDWIN AVE CHARLOTTE, NC 28204 | \$0.00 INT: .00% NAME ID: 48273 CLAIM #: 0012 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| CENTRAL CAROLINA SURGERY CENTER 1002 N CHURCH ST #302 GREENSBORO, NC 27401 | \$0.00 INT: .00% NAME ID: 158729 CLAIM #: 0013 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| CONE HEALTH 1200 N ELM ST GREENSBORO, NC 27401 | \$0.00 INT: .00% NAME ID: 137686 CLAIM #: 0014 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| CREDIT ONE BANK P O BOX 98873 LAS VEGAS, NV 89193 | \$0.00 INT: .00% NAME ID: 44483 CLAIM #: 0015 | (U) UNSECURED NOT FILED ACCT: COMMENT: |

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|---|--|--|
| DIRECTV LLC BY AMERICAN INFOSOURCE AS AGENT P O BOX 5072 CAROL STREAM, IL 60197-5072 | \$557.09 INT: .00% NAME ID: 179272 CLAIM #: 0016 | (U) UNSECURED ACCT: 8629 COMMENT: 320A |
| DR EDWARD B GERHARDT 301 WENDOVER AVE E #411 GREENSBORO, NC 27401 | \$0.00 INT: .00% NAME ID: 181610 CLAIM #: 0017 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| EMERGE ORTHO PA P O BOX 14000 BELFAST, ME 04915 | \$0.00 INT: .00% NAME ID: 179519 CLAIM #: 0018 | (U) UNSECURED NOT FILED ACCT: A847 COMMENT: |
| GREENSBORO ANESTHESIA 3625 N ELM ST GREENSBORO, NC 27455 | \$0.00 INT: .00% NAME ID: 126301 CLAIM #: 0019 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| GREENSBORO ORTHOPAEDICS 3200 NORTHLINE AVE GREENSBORO, NC 27408 | \$0.00 INT: .00% NAME ID: 121446 CLAIM #: 0020 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| GREENSBORO RADIOLOGY 1331 N ELM ST STE 200 GREENSBORO, NC 27401 | \$0.00 INT: .00% NAME ID: 149128 CLAIM #: 0021 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| HUGHES NETWORK SYSTEMS 11717 EXPLORATION LN GERMANTON, MD 20876 | \$0.00 INT: .00% NAME ID: 68048 CLAIM #: 0022 | (U) UNSECURED NOT FILED ACCT: 9639 COMMENT: |
| INTERNAL REVENUE SERVICE P O BOX 7346 PHILADELPHIA, PA 19101-7346 | \$0.00 INT: .00% NAME ID: 123770 CLAIM #: 0001 | (P) PRIORITY NOT FILED ACCT: 9762 COMMENT: |
| KROGER CHECK RECOVERY CENTER P O BOX 1259 OAKS, PA 19456 | \$0.00 INT: .00% NAME ID: 181611 CLAIM #: 0023 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| LEBAUER HEART CARE 618 S MAIN ST REIDSVILLE, NC 27320-5020 | \$0.00 INT: .00% NAME ID: 149805 CLAIM #: 0024 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| LENDMARK FINANCIAL SERVICES LLC 2118 USHER ST NW COVINGTON, GA 30014 | \$6,525.51 INT: .00% NAME ID: 166347 CLAIM #: 0025 | (U) UNSECURED ACCT: 0525 COMMENT: |
| MARINER FINANCE NORTH CAROLINA INC 8211 TOWN CENTER DR NOTTINGHAM, MD 21236 | \$2,128.70 INT: 6.75% NAME ID: 150555 CLAIM #: 0007 | (V) VEHICLE-SECURED ACCT: 3002 COMMENT: 06CHEV |

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|--|---|--|
| MEADE & ASSOCIATES 737 ENTERPRISE DR LEWIS CENTER, OH 43035 | \$31.12 INT: .00% NAME ID: 165329 CLAIM #: 0035 | (U) UNSECURED ACCT: 8393 COMMENT: HARRIS TEETER |
| MIDLAND CREDIT MANAGEMENT INC P O BOX 2037 WARREN, MI 48090 | \$1,469.15 INT: .00% NAME ID: 177774 CLAIM #: 0033 | (U) UNSECURED ACCT: 5404 COMMENT: |
| N C DEPARTMENT OF REVENUE BANKRUPTCY UNIT P O BOX 1168 RALEIGH, NC 27602-1168 | \$0.00 INT: .00% NAME ID: 9699 CLAIM #: 0002 | (P) PRIORITY NOT FILED ACCT: 9762 COMMENT: |
| PIEDMONT TRIAD ANESTHESIA PA 145 KIMEL PARK DR STE 120 WINSTON SALEM, NC 27103-6983 | \$0.00 INT: .00% NAME ID: 115067 CLAIM #: 0027 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| PRA RECEIVABLES MANAGEMENT LLC % PORTFOLIO RECOVERY ASSOC LLC P O BOX 12914 NORFOLK, VA 23541 | \$6,114.72 INT: .00% NAME ID: 118583 CLAIM #: 0026 | (U) UNSECURED ACCT: 1080 COMMENT: 820TFCL |
| QUICKEN LOANS INC BANKRUPTCY TEAM 635 WOODARD AVE DETROIT, MI 48226 | MONTHLY PMT \$538.93 INT: .00% NAME ID: 181865 CLAIM #: 0004 | (H) ONGOING-SECURED ACCT: 4759 COMMENT: DT RERP,CTD EFF AUG20 |
| QUICKEN LOANS INC BANKRUPTCY TEAM 635 WOODARD AVE DETROIT, MI 48226 | \$1,524.80 INT: .00% NAME ID: 181865 CLAIM #: 0005 | (H3) PRE-PETITION ARREARAGE-SECURED ACCT: 4759 COMMENT: ARR THRU MAR20 |
| QUICKEN LOANS INC BANKRUPTCY TEAM 635 WOODARD AVE DETROIT, MI 48226 | \$2,155.72 INT: .00% NAME ID: 181865 CLAIM #: 0006 | (H1) POST-PETITION ARREARAGE-SECURE ACCT: 4759 COMMENT: ARR APR THRU JUL20 |
| QUICKEN LOANS INC BANKRUPTCY TEAM 635 WOODARD AVE DETROIT, MI 48226 | \$450.00 INT: .00% NAME ID: 181865 CLAIM #: 0034 | (H2) POST-PETITION FEES-SECURED ACCT: 4759 COMMENT: POST PET FEES |
| ROCKINGHAM CO REGISTER OF DEEDS 170 NC 65 SUITE 150 REIDSVILLE, NC 27320 | \$52.00 INT: .00% NAME ID: 174473 CLAIM #: 0037 | (Z) SPECIAL COST ITEM ACCT: COMMENT: |
| ROCKINGHAM COUNTY DEPARTMENT OF EMERGENCY SERVICES % EMS MANAGEMENT & CONSULTANTS P O BOX 863 LEWISVILLE, NC 27023 | \$0.00 INT: .00% NAME ID: 162570 CLAIM #: 0028 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| ROCKINGHAM COUNTY EMS P O BOX 863 LEWISVILLE, NC 27023 | \$0.00 INT: .00% NAME ID: 60425 CLAIM #: 0029 | (U) UNSECURED NOT FILED ACCT: COMMENT: |

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| NAME & ADDRESS OF CREDITOR | AMOUNT | CLASSIFICATION |
|--|---|---|
| ROCKINGHAM COUNTY TAX P O BOX 68 WENTWORTH, NC 27375-0068 | \$0.00 INT: .00% NAME ID: 877 CLAIM #: 0003 | (P) PRIORITY NOT FILED ACCT: COMMENT: |
| SEVENTH AVENUE % CREDITORS BANKRUPTCY SERVICE P O BOX 800849 DALLAS, TX 75380 | \$383.06 INT: .00% NAME ID: 150901 CLAIM #: 0030 | (U) UNSECURED ACCT: 0570 COMMENT: |
| SME INC USA P O BOX 15209 WILMINGTON, NC 28408 | \$0.00 INT: .00% NAME ID: 46713 CLAIM #: 0031 | (U) UNSECURED NOT FILED ACCT: COMMENT: |
| SYNCHRONY BANK % PRA RECEIVABLES MANAGEMENT LLC P O BOX 41031 NORFOLK, VA 23541 | \$1,529.95 INT: .00% NAME ID: 161980 CLAIM #: 0032 | (U) UNSECURED ACCT: 4335 COMMENT: |
| VERIZON BY AMERICAN INFOSOURCE P O BOX 4457 HOUSTON, TX 77210-4457 | \$544.63 INT: .00% NAME ID: 176218 CLAIM #: 0036 | (U) UNSECURED ACCT: 0001 COMMENT: |
| TOTAL: | \$26,777.18 | |
| BRANDI L RICHARDSON ESQ LAW OFFICE OF CATHY R STROUPE PA P O BOX 840 REIDSVILLE, NC 27323 | \$3,500.00 | ATTORNEY FEE |

ANITA JO KINLAW TROXLER,
TRUSTEE
500 W FRIENDLY AVE STE 200
P O BOX 1720
GREENSBORO, NC 27402-1720

NOTICE OF FILING OF REPORT OF FILED CLAIMS

The foregoing Report of Filed Claims has been filed with the Bankruptcy Court based on an audit of claims filed in the Trustee's office. The claims are allowed unless objection is made by the Debtor or other party in interest.

Any objection to a claim should be filed in writing with the Bankruptcy Court at the address below and a copy must be served on the Trustee:

Clerk, U.S. Bankruptcy Court
101 S. Edgeworth Street
P.O. Box 26100
Greensboro, NC 27420-6100

If an objection is filed, a hearing will be scheduled before the Court. The Trustee will continue making disbursements on the claims unless an objection is filed.

Date: 11/05/2020

OFFICE OF THE CHAPTER 13 TRUSTEE

By: /s/ Gayle McFarland
Clerk
Chapter 13 Office
500 W FRIENDLY AVE STE 200
P O BOX 1720
GREENSBORO, NC 27402-1720

cc: Debtor
Attorney for Debtor - Electronic Notice